

## Foster Family Home - Corrective Action Report

Provider ID: 4-510869

Home Name: Luz Alonzo, CNA

Review ID: 4-510869-6

508 South Kamehameha  
Avenue

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 9/11/2018

End Date: 10/4/18

### Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/11/18. Corrective Action Report issued during home visit with all items due to CTA by 10/11/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

### Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - No current eCrim for CG #3, CG #4, and CG #5. Expired on 10/16/16.

### Foster Family Home

### Personnel and Staffing

[17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance present for HHM #1.

Compliance Manager

Primary Care Giver

Date

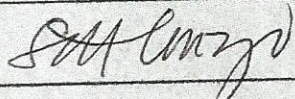
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Luz Alonzo F. Home  
CCFFH Address: 508 S. Kam. ave. Kal. HI. 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.(9)(c)	I received current exam for CG #3 CG #4 + CG #5 and placed in my CTA binder.	9-18-18	I have placed the expiration date for e exam + TB for all CGs + HAm's on my iPhone calendar. I set
41.(f)(1)	I received a current TB clearance for HAm # 1 + placed in my CTA Binder	9-18-18	the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: 

Print Name: Luz R. Alonzo

Date of Signature: 10-4-18